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CENTER for INTEGRATED
HEALTH SOLUTIONS

**Addressing the Needs of
Smokers with Behavioral
Health Conditions**

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 **Behavioral Health &
Wellness Program**

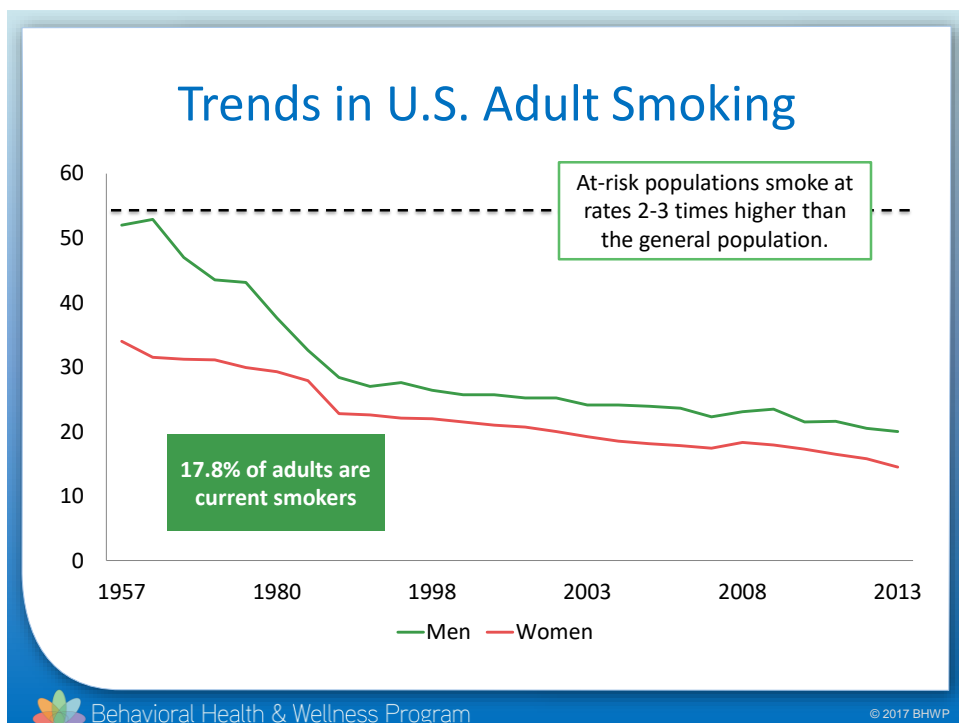
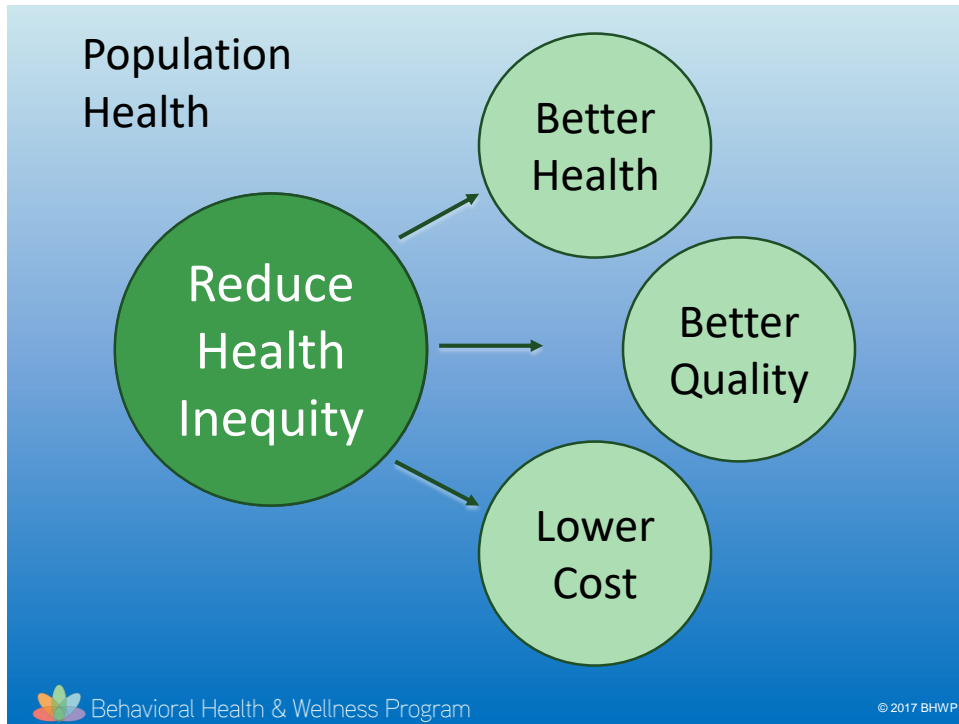
 **SAMHSA**
Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

 **HRSA**
Health Resources & Services Administration

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Health Disparities

Population	Rates of Use Compared to General Population
Behavioral Health	2-3 times higher
HIV/AIDS Diagnosis	2-3 times higher
Homeless (or at risk)	Nearly 4 times higher
Justice Involved	3 times higher

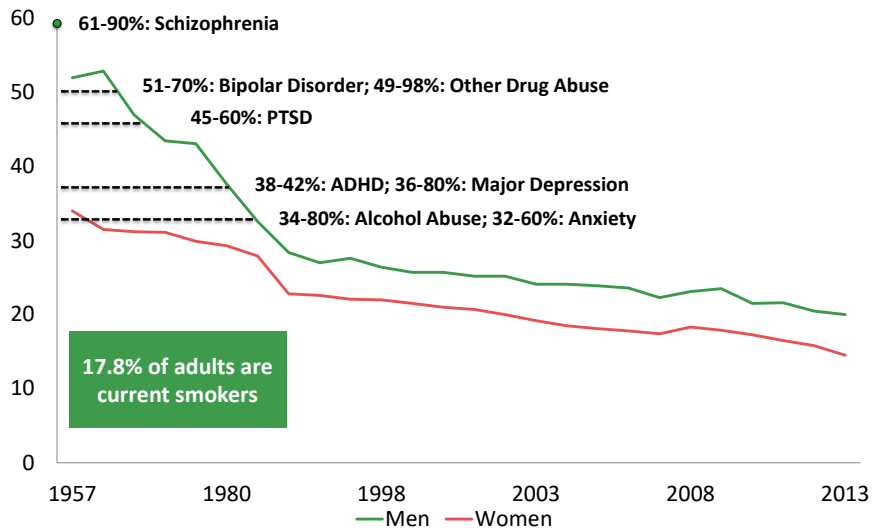


- Low SES
- Discrimination
- Chronic Stress
- Psychological Distress
- Coping Skills
- Environmental Exposure
- Industry Targeting
- Biology
- Access to Treatment

Tobacco
Use



Trends in U.S. Adult Smoking



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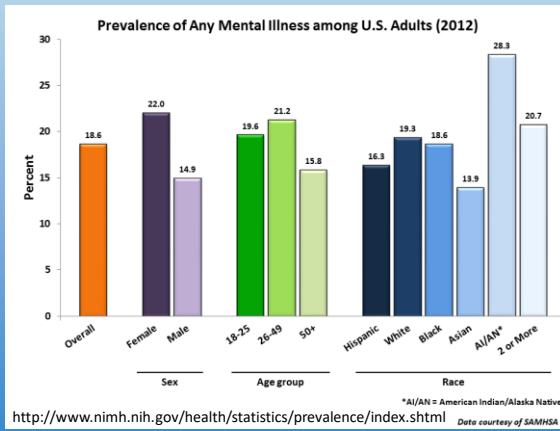
Persons with behavioral health conditions, on average, die several years earlier than persons without these conditions ([Druss et al., June 2011](#); [Forman-Hoffman et al., August 2014](#)).



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Prevalence of Mental Illness in the U.S.

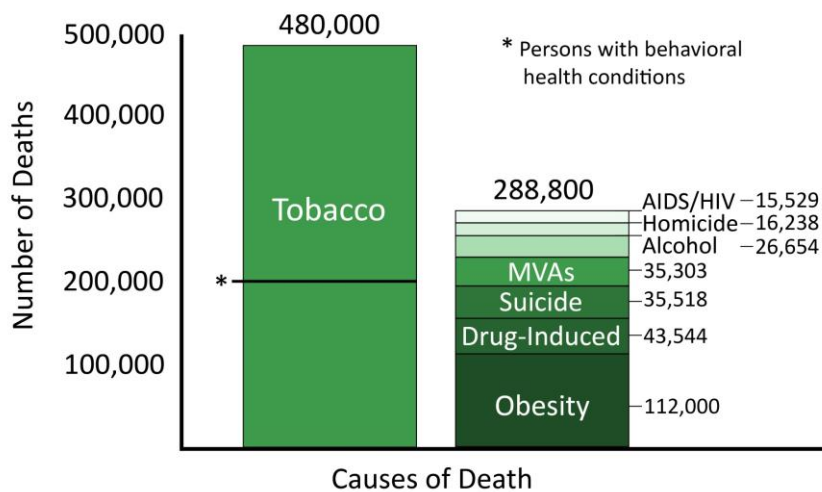


12-Month Prevalence for Adults

- Any Anxiety Disorder: 18.1%
 - Social Phobia: 6.8%
 - PTSD: 3.5%
- Any Mood Disorder: 9.5%
 - Major Depression: 6.9%

A mental health diagnosis carries independent risk for higher smoking prevalence even after accounting for traditional demographic risk factors (e.g., Morris et al., 2014; Secades-Villa et al., 2013)

Behavioral Causes of Death in U.S.



Smokers with Mental Illnesses and Substance Use Disorders

- Have more psychiatric symptoms
- Have increased hospitalizations
- Require higher dosages of medications
- Are twice as likely to leave against the advice of their doctors, if withdrawal symptoms are not treated



Cessation Concurrent with Psychiatric Treatment

Smoking cessation has no negative impact on psychiatric symptoms and smoking cessation generally leads to better mental health and overall functioning

Baker et al., 2006; Lawn & Pols, 2005; Morris et al., 2011; Prochaska et al., 2008



Psychiatric Symptoms Are Not Exacerbated by Smoking Cessation

Smoking cessation is associated with:

- ↓ depression, anxiety, and stress
- ↑ positive mood and quality of life compared with continuing to smoke
- The effect size seems as large for those with psychiatric disorders as those without
- The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders

Taylor et al, 2014



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Tobacco Use Affects Treatment & Recovery from Substance Use Disorders

Addressing tobacco dependence during treatment for other substances is associated with a **25% increase** in long-term abstinence rates from alcohol and other substances

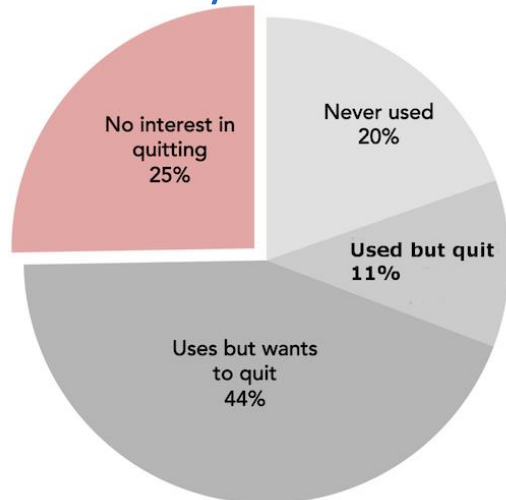
Prochaska et al., 2004



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Is This a Social Justice Issue? Recent Community of Practice Findings



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Quitting: It Can Be Done



Persons with behavioral health conditions:

- Are able to quit using
- 75% want to quit using
- 65% tried to quit in the last 12-months



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Cessation Rates Across Interventions

Treatment Format	Abstinence Rate
Unaided	4-7%
Self-Help	11-14%
Individual Counseling	15-19%
Group Counseling	12-16%
Medication Alone	22%
Medication + Counseling	25-30%



Treatment Effectiveness: Numbers Needed to Treat

Intervention	Outcome	NNT
Statins	Prevent 1 death over 5 years	107
Antihypertensive therapy	Prevent 1 stroke, myocardial infarction, death over 1 year	700
Cervical cancer screening	Prevent 1 death in 10 years	1,140
Brief advice to stop smoking < 5 minutes	Prevent 1 premature death	80
Brief advice + pharmacological support	Prevent 1 premature death	38-56
Brief advice + pharmacological support + behavioral support	Prevent 1 premature death	16-40

WHO, 2013



Treatment Effectiveness for Smokers with Behavioral Health Conditions

Quitting tobacco is difficult but absolutely feasible for persons with behavioral health conditions...

if the right dose of evidence-based assistance is provided



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Evidence-Based Guidance



Supplements

- Behavioral Health
- Youth (Ages 11-18)
- Young Adults (18-25)
- Low-Income
- Pregnant and Post Partum
- Justice Involved

MI Video Modules

<http://www.bhwellness.org/resources/toolkits/>



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Medications Known or Suspected To Have Their Levels Affected by Smoking and Smoking Cessation		
ANTIPSYCHOTICS	Chlorpromazine (Thorazine)	Olanzapine (Zyprexa)
	Clozapine (Clozaril)	Thiothixene (Navane)
	Fluphenazine (Permitil)	Trifluoperazine (Stelazine)
	Haloperidol (Haldol)	Ziprasidone (Geodon)
	Mesoridazine (Serentil)	
ANTIDEPRESSANTS	Amitriptyline (Elavil)	Fluvoxamine (Luvox)
	Clomipramine (Anafranil)	Imipramine (Tofranil)
	Desipramine (Norpramin)	Mirtazapine (Remeron)
	Doxepin (Sinequan)	Nortriptyline (Pamelor)
	Duloxetine (Cymbalta)	Trazodone (Desyrel)
MOOD STABILIZERS	Carbamazepine (Tegretol)	
ANXIOLYTICS	Alprazolam (Xanax)	Lorazepam (Ativan)
	Diazepam (Valium)	Oxazepam (Serax)
OTHERS	Acetaminophen	Riluzole (Rilutek)
	Caffeine	Ropinirole (Requip)
	Heparin	Tacrine
	Insulin	Warfarin
	Rasagiline (Azilect)	



Tobacco Cessation Workflow Responsibilities		
5A's	Tasks	Who's Responsible?
A sk	Document Smoking Status of Every Patient: <ul style="list-style-type: none"> Ask, or Give patient screening form → Verify smoking status at every visit	_____
A dvice	Advise patient to quit (brief, tailored counseling)	_____
A ssess	Assess/Assist: <ul style="list-style-type: none"> Utilize motivational interventions to address tobacco use CO monitor reading or other biometric screening Collaborative treatment planning 	_____
A ssist	<ul style="list-style-type: none"> Onsite cessation group and/or individual counseling Peer services/patient navigator 	_____
A rrange	Arrange/Refer/Connect: Treatment <ul style="list-style-type: none"> Counseling Prescribe medications Referral <ul style="list-style-type: none"> Fax QuitLine referral and/or preauthorizations as needed Documentation <ul style="list-style-type: none"> Enter interventions into EHR and/or chart Billing Follow up appt. set within 1 month (in person or by phone), or within 1 week after quit date	_____
O ther	<ul style="list-style-type: none"> Post/place tobacco cessation materials in waiting area Order cessation materials (brochures, posters) 	_____



Registries Work

Screening:
ID smoking status

Treatment:
Offer counseling

Treatment:
Offer medications

Tobacco Treatment - Tobacco Use

Time Taken:
Date: 11/29/2010
Time: 1232
☒ Show Last Filled Value
☐ Show Row Info
""To flag data as significant, right click on the row name""

Unable To Assess

Unable To Assess

Last Filled Value:
""No data filed""

Tobacco Treatment

Select "Yes" If Patient
Has Used Tobacco
In Last 12 Months;
Otherwise, Select
"No"

Last Filled Value:
No taken at 09/29/10 0849 by Pat Bates

Tobacco Cessation
Brochure Given?

Last Filled Value:
Yes taken at 02/27/09 0700 by Margaret Turner

Nurse/Patient
Requests A Tobacco
Treatment Specialist
Consult

Last Filled Value:
Completed taken at 02/27/09 0700 by Margaret Turner

Nurse/Patient
Requests Medication
To Prevent
Withdrawal

Last Filled Value:
Not Applicable taken at 02/11/09 1104 by Ann Powell

How Many Years Did
You Smoke?

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Tobacco Dependence Has Two Parts

Tobacco dependence is a 2-part problem

Physical

The addiction to nicotine

Treatment

Medications for cessation



Behavior

The habit of using tobacco

Treatment

Behavior change program

**Treatment should address both the addiction
and the habit.**

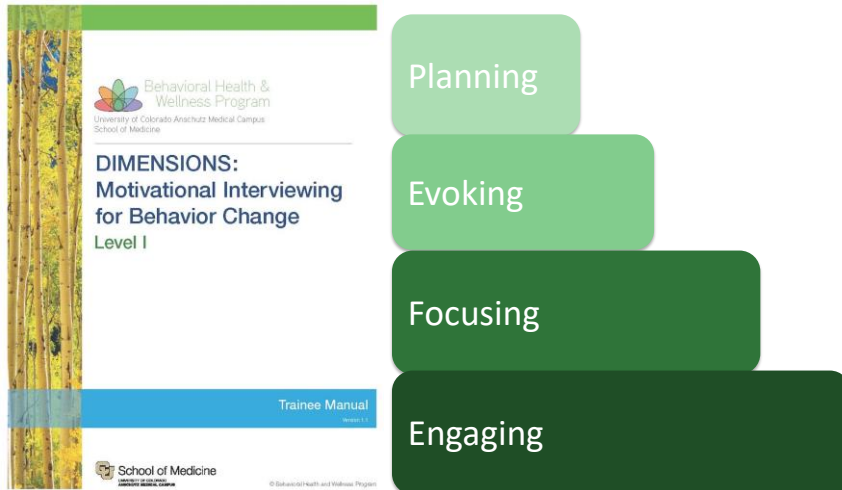
Courtesy of the University of California, San Francisco



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Motivational Interviewing



Motivational Intervention

- Conduct 30-minute semi-structured interview
- Work with individuals to increase their readiness for tobacco cessation
- Provide brief, personalized feedback about their carbon monoxide levels and the cost of smoking
- Encourage individuals to set concrete and manageable goals
- Discuss and list the supports they need to set a quit date and sustain their quit attempt

The Stethoscope of Smoking Cessation

- Non-invasive
- Visual motivational tool
- Severity of dependence
- Likelihood of cravings



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Fagerström and Heavy Smoking Index

1. How soon after you awake do you smoke your first cigarette?
2. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. church, library, work, airplane)
3. Which cigarette would you hate to give up? (Morning/Other)?
4. How many cigarettes a day do you smoke?
5. Do you smoke more during the morning than during the rest of the day?
6. Do you smoke when you are so ill that you are in bed most of the day?



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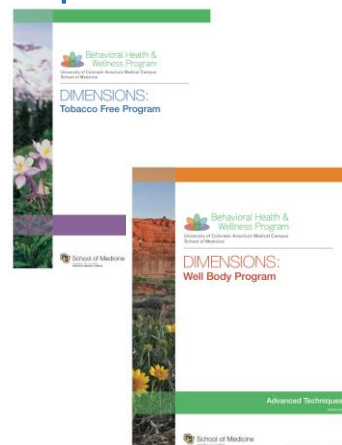
Behavior Change Interventions

- Cognitive-Behavioral Therapy
- Clinician advice
- Individual counseling
 - > 4 sessions
 - > 10 minutes
- Psycho-educational groups
- Peer support
- Age-tailored self-help materials



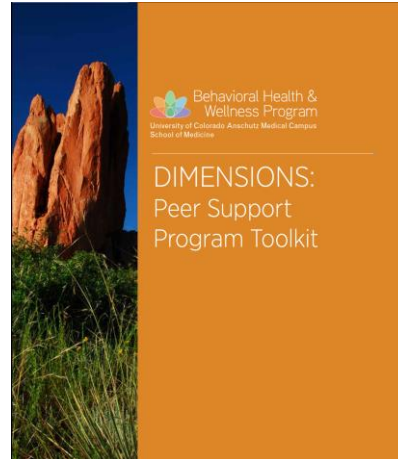
DIMENSIONS Programs Advanced Techniques

- Evidence-based tobacco cessation and well body programs
- Initially developed in 2006
- The programs support health behavior change through:
 - motivational engagement
 - group process
 - community referrals
 - educational activities



Peer Support

- Evidence-based information about the effectiveness of peer support programs
- Step-by-step instructions to create a successful and sustainable peer support program



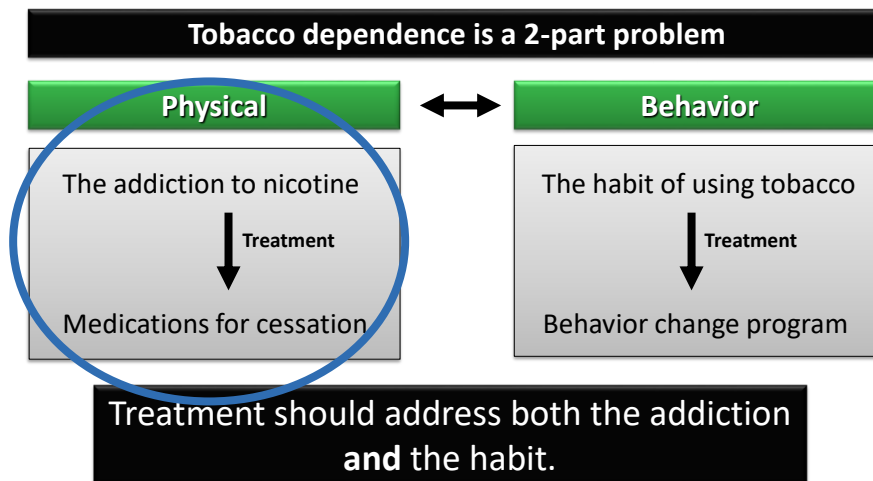
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Tobacco Dependence Has Two Parts



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Tobacco Cessation Medications

The only medications approved by the Food and Drug Administration (FDA) for tobacco cessation are:

- Nicotine gum
- Nicotine lozenge
- Nicotine patch
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion SR tablets
- Varenicline tablets



Tobacco Dependence
Is Best Not Treated in a Silo



Why Behavioral Health and Integrated Treatment Settings



- Expertise in behavioral change
- Therapeutic alliances
- Co-occurring treatment
- Access to high risk populations
- Patient-directed
- Prevention, wellness, whole person perspective
- Continuity of care
- Performance measurement

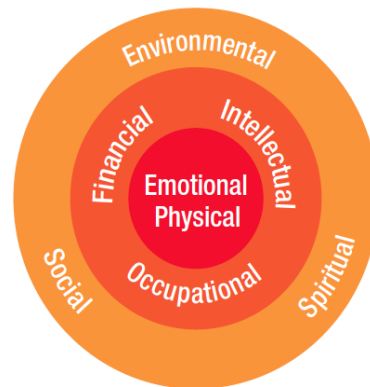


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A Growing Focus on Whole Health

- Mental health and substance use disorders
- Community integration
- EHRs & performance measurement
- Across healthcare sectors
 - Integrated care & health homes
 - Public health
 - Quitlines



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Ask - Advise – Refer

3 Easy & Free ways to Quit



Talk to a Quit Coach® who can help you quit tobacco.
1-877-U-CAN-NOW (1-877-822-6669)
 TTY/TDD: 1-877-777-6534

CLICK HERE TO ENROLL

An online program to help you quit tobacco is a click away.



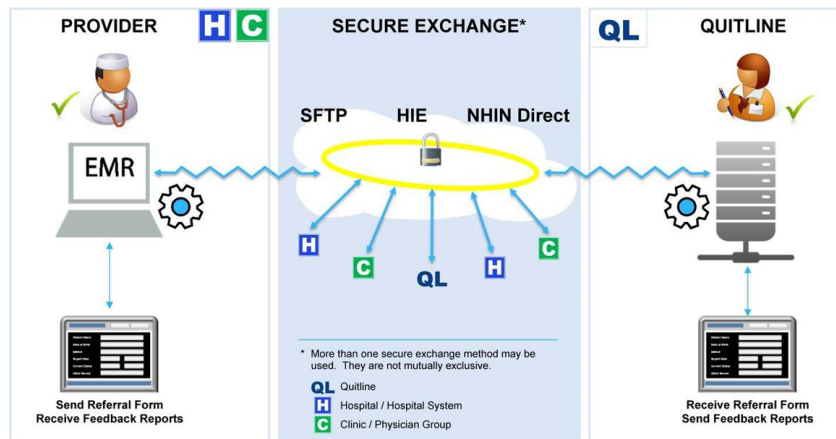
Need local face-to-face help? Find classes near you by visiting:
www.AHECtobacco.com



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Quitline e-Referral



<http://www.naquitline.org>

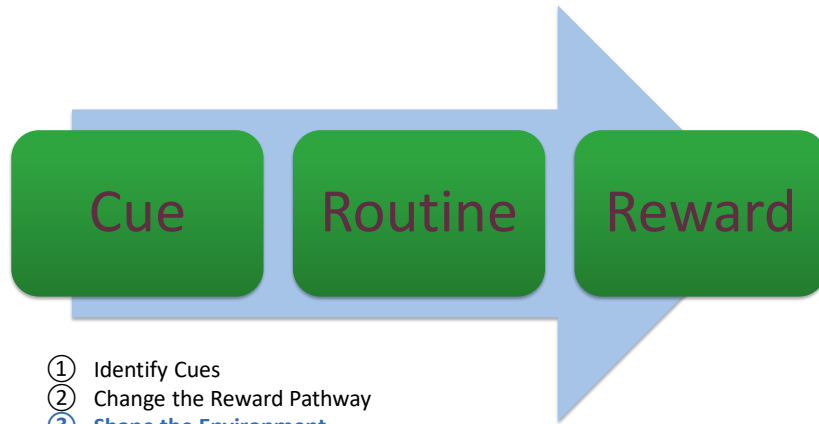
NAQC. (2013). *Quitline Referral Systems*. (A. Wendling, MD, MPH and R. Daigh, MBA). Phoenix, AZ.



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Creating Healthy Habits



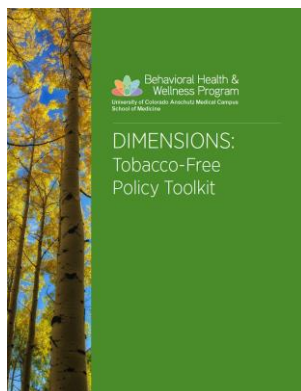
- ① Identify Cues
- ② Change the Reward Pathway
- ③ **Shape the Environment**



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Tobacco Free Policy



- | | |
|---------------------------------|----------------------------------|
| Convene Your Wellness Committee | Provide Education |
| Create Your Change Plan | Offer Tobacco Cessation Services |
| Draft Your Policy | Launch Your Policy |
| Communicate Your Plan | Enforce Your Policy |
| Build Community Support | Evaluate Your Program |

www.bhwellness.org/resources/toolkits



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Return on Investment

For Staff:

- Decreased hospital admissions
- Decreased absenteeism
- Increased staff productivity
- Increased staff satisfaction

For Clients:

- Decreased disease and death
- Decreased hospital admissions
- Increased quality of life



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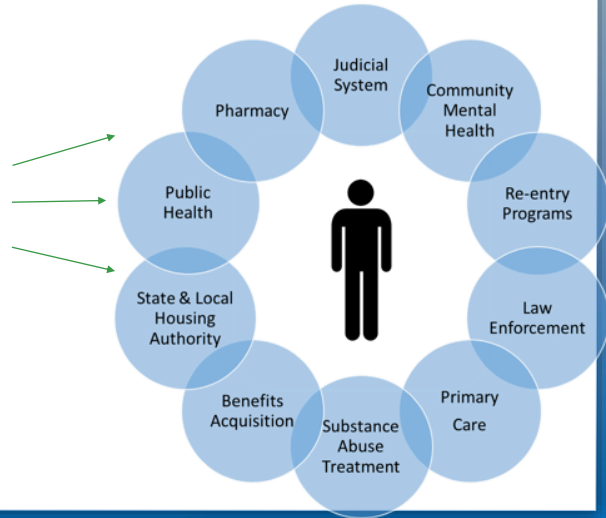
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Innovative Community Partnerships

Patient-Centered Medical Neighborhood: Innovative Service Delivery

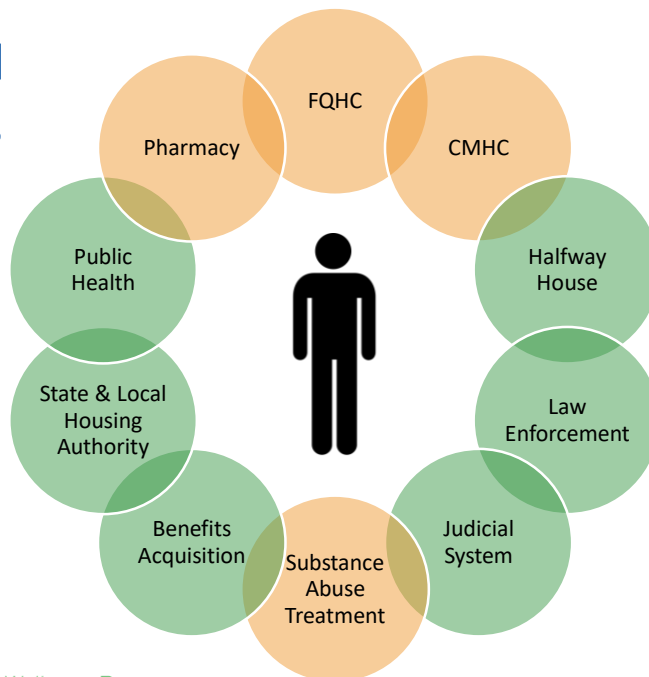
Any point of
service can
become the
hub of care



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Prepared Practices



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Wellness Recovery Learning Community

National Council for Behavioral Health & University of Colorado Behavioral Health and Wellness Program

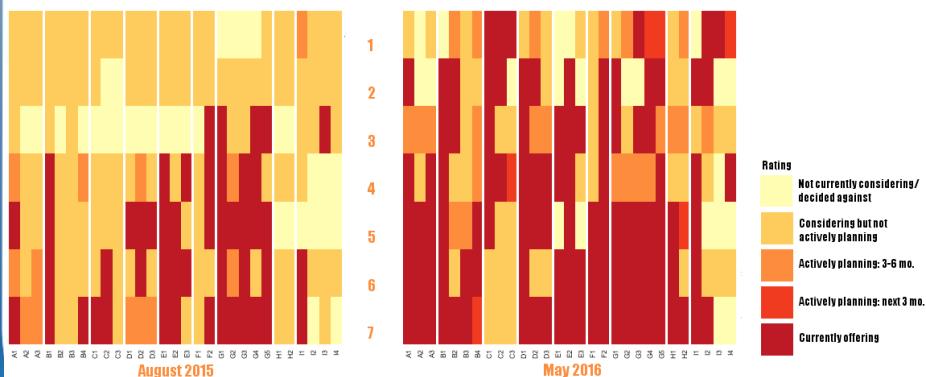
- Support 7 Florida-based substance use provider organizations
- Enhance cross-systems collaborations with the Bureau of Tobacco Free Florida and the Florida Association on Alcohol and Drug Abuse



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System Redesign Turning Up the Heat






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**NATIONAL BEHAVIORAL
HEALTH NETWORK**
FOR TOBACCO & CANCER CONTROL


-  Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
-  Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and substance use disorders
-  1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations


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CRI
CENTER FOR TOBACCO USE
RESEARCH AND PREVENTION

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Mini-Learning Community Activities

The goal of mini-learning community is to provide support and technical assistance to grantees interested in improving the quality of or adding effective tobacco cessation services.

Through participation, grantees will:

- Take meaningful steps to improve or expand their current tobacco cessation services
- Develop solutions to overcome current challenges in the successful implementation of tobacco cessation services
- Examine evidence-based resources for expanding tobacco cessation services

Mini-Learning Community Activities

To accomplish the goals of the learning community, CIHS will implement a highly focused and rapid continuous quality improvement approach to assist participants to make progress on a practical and meaningful goal in a short period. Activities will be structured around the FOCUS PDCA framework:

- **Find** a process or identify a problem that needs improvement.
- **Organize a team** that understands or works with the process or problem. The team consists of people who know the process well and can speak to what works and what needs changing.
- **Clarify** the current state of practice. Identify strengths and limitations (e.g., organizational self-assessment) related to the improvement area.
- **Understand** what is contributing to current performance that could be improved.
- **Select a Strategy/solution** that meets many of the criteria associated with practical success (in your control, accomplished relatively quickly, measurable, significant impact, alignment with mission, capacity, capability, not expensive, less likely to detract from other high organizational priorities)
- **Plan-Do-Check-Act**

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Potential Topics for Learning Community

- Pharmacological approaches to tobacco treatment
- Motivational Interviewing for prescribers
- Tobacco use assessment and treatment planning

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Desired Outcomes:

Participating grantees will have the option of selecting one of the following short-term outcomes:

- **Planning:** Establishment of an improvement team that has created a 3-6 month detailed plan to accomplish a meaningful goal.
- **Practice Change:** Selected, implemented, and evaluated one meaningful improvement strategy that demonstrates progress.
- **Information Dissemination:** Designed, presented and evaluated the impact of topic related information to specific members of the workforce, leadership and/or community entities.
- **Data Collection:** Selected, gathered, and organized data related to the topic area that provides critical information regarding the population served along with how that information informed improvement goals.
- **Policy and Procedure Change:** Newly established policies and procedures based on the knowledge gained from the learning community.

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Planning

Establishment of an improvement team that has created a 3-6 month detailed plan to accomplish a meaningful goal related to tobacco cessation.

Examples of planning activities:

- Organize the Performance Improvement Team
- State the overall goal in highly specific terms
- Identify performance indicators
 - Process and outcomes
- Establish short and longer term objectives
- Describe action steps
- Identify responsible individuals for action steps
- Implement action steps, observe outcome, and modify as needed.

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Practice Change Focus:

- Selecting, implementing and evaluating one meaningful improvement strategy that demonstrates progress in the topic area.
- Identify a goal in which you can make significant progress on in the 4-6 weeks following the first webinar.
- Choose a very modest but meaningful practice change that the organization is ready to implement based on time, energy, personnel, and infrastructure.
- Having a clear starting date with identified facilitators, materials and recruitment approaches satisfies this aim.

Examples:

- Announce, recruit and begin a group for pre-contemplators (group facilitators, select a curriculum and aim to get group started or at least have a specific date to launch in the very near future)
- Change documentation (e.g., intake inquiries related to tobacco use)

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Information Dissemination Focus

All efforts to communicate for buy-in and raise awareness of the importance of addressing tobacco use among clients

Examples:

- Develop an awareness building educational presentation designed to increase staff recognition of the importance of talking about tobacco use
- Design the impact of topic specific information to at least one constituency in the organization (e.g., direct service providers, leadership and/or community entities)
- Create informational brochures, flyers, posters and handouts designed to build awareness, market and motivate clients and staff to address topic specific issues.

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Information Dissemination Focus

- Design, present and evaluate the impact of tobacco cessation information to specific members of the workforce, leadership and/or community entities.
- The focus is on building awareness, communicating for buy-in and activating others in or outside the organization to support the improvement effort.

Example:

- Provide training for all staff on evidence-based tobacco cessation strategies and interventions

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Data Collection Focus

- Select, gather and organize data related to tobacco use that provides critical information regarding the population served along with how that information informed improvement goals.
- The purpose is to better understand the population you serve in order to make informed decisions about service needs and outcomes.

Examples:

Have a system in place to measure and monitor the following key indicators:

- % of clients overall who use tobacco
- Among clients who use tobacco, % actively engaged in cessation activities
- Quit rate among clients who smoke at 3, 6, and 12 months
- Sub-population(s) that are most impacted by tobacco use

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Policy and Procedure Change Focus

Newly established policies and procedures based on knowledge gained from the learning community.

Examples:

- Establish a tobacco-free policy with the full involvement of both clients and staff
- Provide cessation support for those interested in quitting smoking

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Questions

